

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090121		2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.		FIRST Kathryn	MI	
	NICKNAME Katie		LAST Wilson	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1539 S. Mason Rd. #16 Katy, TX 77450		ZIP CODE	
		Date Received ELECTRONICALLY FILED 02/02/2026			
		Receipt #		Amount	
		Date Processed			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.		FIRST Clint R.	MI
		NICKNAME		LAST Reed	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2800 North Loop W. Suite 900 Houston, TX 77092			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (281) 796-3454			
8 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year Month Day Year 01/01/2026 THROUGH 01/22/2026			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 183rd	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Wilson, Kathryn (Ms.)	14 Filer ID (Ethics Commission Filers) 00090121
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,285.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,950.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,561.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT					
<div style="text-align: center;"><p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="margin: 10px 0;"><div style="text-align: center;">Ms. Kathryn Wilson</div><div style="border-top: 1px solid black; width: 100%;"></div><div style="text-align: center;">Signature of Candidate or Officeholder</div></div></div> <div style="margin-top: 20px;"><p>AFFIX NOTARY STAMP / SEAL ABOVE</p><p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <table style="width:100%"><tr><td style="width:33%; border-top: 1px solid black;">Signature of officer administering oath</td><td style="width:33%; border-top: 1px solid black;">Printed name of officer administering oath</td><td style="width:33%; border-top: 1px solid black;">Title of officer administering oath</td></tr></table></div>			Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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18 FILER NAME Wilson, Kathryn (Ms.)		19 Filer ID (Ethics Commission Filers) 00090121
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 3,940.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,345.31
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,950.66
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Brandon (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77288	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$50.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Chief Public Defender
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Christina <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$25.00</div>
Contributor's Principal Occupation SAHM		Contributor's Job Title wife & mom
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Antoy <hr/> Contributor address; City; State; Zip Code Le Marque, TX 77568	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Johnson Williams Bell		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bella, Julia <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
8 Contributor's Principal Occupation Defense Attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm The Bella Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Robyn <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) <div style="text-align: right;">\$100.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgos, Jedrick (Mr.) <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) <div style="text-align: right;">\$25.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistand Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ellen <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation attorney		9 Contributor's Job Title Legal Data Lead
10 Contributor's employer/law firm Lex Machina		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnell, Drew (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title attorney
Contributor's employer/law firm Kisluk Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Lara, Ricardo <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm De Lara Law Firm		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donley, Roger <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Public Defender
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francicis, Gerald <hr/> Contributor address; City; State; Zip Code Houston, TX 78056	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title attorney
Contributor's employer/law firm The Francis Firm, PC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Williams, Tiera <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Virginia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Fort Collins, CO 80521	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation SAHM		9 Contributor's Job Title wife & mother
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Chelsea (Mrs.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Medical		Contributor's Job Title Nurse
Contributor's employer/law firm Memorial Hermann		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Angie <hr/> Contributor address; City; State; Zip Code Spring , TX 77379	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petry, Luciana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title attorney
10 Contributor's employer/law firm Petry Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Carah (Mrs.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation aesthetician		Contributor's Job Title aesthetician/business owner
Contributor's employer/law firm Luminance Health & Beauty Clinic		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Popp, Joy (Mrs.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation SAHM		Contributor's Job Title wife & mom
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Crystal <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$50.00</div>
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant Public Defender
10 Contributor's employer/law firm Harris County Public Defender's Office		11 Law firm of contributor's spouse (if any) Harris County Public Defender's Office
12 If contributor is a child, law firm of parent(s) (if any)		

Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Arielle <hr/> Contributor address; City; State; Zip Code Houston , TX 77057	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$20.00</div>
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant Public Defender
Contributor's employer/law firm Harris County Public Defender's Office		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Trisha (Mrs.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$100.00</div>
Contributor's Principal Occupation expediting manager		Contributor's Job Title Freeport McMoran
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/18
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, David	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Houston, TX 77082	
8 Contributor's Principal Occupation lawyer		9 Contributor's Job Title attorney
10 Contributor's employer/law firm David Vuong Law Firm		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		

Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Miles	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Financial Planning & Analysis		Contributor's Job Title Senior Decision Support Analyst
Contributor's employer/law firm Community Health Choice		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/18	
2 FILER NAME Wilson, Kathryn (Ms.)		3 Filer ID (Ethics Commission Filers) 00090121	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/15/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Michael	8 Amount of contribution (\$) \$1,345.31	9 In-kind contribution description Covered cost of fundraiser.
	7 Contributor address; City; State; Zip Code Houston, TX 77007	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) Mendoza Legal Group		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 13/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/05/2026	5 Payee name Amazon	
6 Amount (\$) \$74.30	7 Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes/ mailing supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2026	Payee name Amazon	
Amount (\$) \$75.70	Payee address; City; State; Zip Code 410 Terry Ave North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes to mail push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2026	Payee name Aviva Wholesale	
Amount (\$) \$49.84	Payee address; City; State; Zip Code 10355 Harwin Dr Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense blank shirts for campaign logo
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 14/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/08/2026	5 Payee name GoDaddy	
6 Amount (\$) \$14.30	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/09/2026	Candidate/Officeholder name Office sought Office held	
Payee name GoDaddy		
Amount (\$) \$1.70	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/12/2026	Candidate/Officeholder name Office sought Office held	
Payee name GoDaddy		
Amount (\$) \$35.30	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 15/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Payee name GoDaddy	
6 Amount (\$) \$3.10	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/14/2026	Candidate/Officeholder name Payee name GoDaddy	
Amount (\$) \$1.70	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/16/2026	Candidate/Officeholder name Payee name GoDaddy	
Amount (\$) \$19.62	Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 16/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/20/2026	5 Payee name GoDaddy	
6 Amount (\$) \$78.50	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2026	Payee name HEB	
Amount (\$) \$78.00	Payee address; City; State; Zip Code 1621 Mason Rd Katy, TX 77450	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name Hall, Terrance	
Amount (\$) \$330.00	Payee address; City; State; Zip Code 7937 Count St. Houston, TX 77028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for food drive.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 17/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/13/2026	5 Payee name M3 Graphics	
6 Amount (\$) \$35.98	7 Payee address; City; State; Zip Code 11730 Wilcrest Dr. Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense endorsement questionnaires printed
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2026	Payee name M3 Graphics	
Amount (\$) \$701.46	Payee address; City; State; Zip Code 11730 Wilcrest Dr. Houston, TX 77009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2026	Payee name Simplystamps.com	
Amount (\$) \$58.41	Payee address; City; State; Zip Code 2021 St Augustine Rd E Suite 2 Jacksonville, FL 32207	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense return address stamp
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 18/18	2 FILER NAME Wilson, Kathryn (Ms.)	3 Filer ID (Ethics Commission Filers) 00090121
4 Date 01/02/2026	5 Payee name USPS.Com	
6 Amount (\$) \$392.75	7 Payee address; City; State; Zip Code 475 L'Enfant Plaza SW Washington, DC 20260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for mailers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held